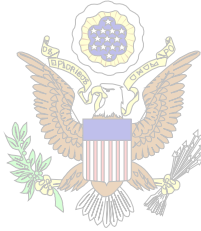


UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF NEW YORK

LAWRENCE K. BAERMAN  
Clerk

JOHN M. DOMURAD  
Chief Deputy



James M. Hanley Federal Building  
P.O. Box 7367, 100 S. Clinton St.  
Syracuse, New York 13261-7367  
(315) 234-8500  
Fax (315) 234-8501

**ARBITRATOR COMPENSATION VOUCHER AND CLAIM FOR EXPENSES**

(FORWARD TO THE CLERK OF COURT **DO NOT E-FILE**)

TITLE OF ACTION: \_\_\_\_\_

CASE NO: \_\_\_\_\_ DATE(S) OF HEARING: \_\_\_\_\_

Arbitrators sitting as a panel of three are each compensated at the rate of **\$100.00 per day** of hearing or portion thereof. Single Arbitrators are compensated at the rate of **\$250.00 per day** of hearing or portion thereof, in accordance with NYND Local Rule 83.7-4(e).

**1) ARBITRATION FEES: \$** \_\_\_\_\_ (note rates above) **NUMBER OF DAYS** \_\_\_\_\_

**2) TRAVEL AND OTHER EXPENSES:**

- a) **Mileage:**  
Number of miles \_\_\_\_\_ @ 44.5 cents per miles = \$ \_\_\_\_\_  
(Mileage from office to place of hearing and return. Please indicate time of departure and time of return to office after the hearing):  
Time of Departure: \_\_\_\_\_ Time of Return: \_\_\_\_\_
- b) **Meals: \$** \_\_\_\_\_ (total meal expense cannot exceed #38.00 per day)  
(Attach receipts & indicate breakfast, lunch or dinner)
- c) **Lodging: \$** \_\_\_\_\_  
(Attach receipts - consult with ADR clerk for overnight travel rates.)
- d) **Miscellaneous Expenses: \$** \_\_\_\_\_  
(Cost of Parking, Tolls, etc. - attach receipts)

**Totals (Items 1 and 2a thru d): \$** \_\_\_\_\_

**Payee** \_\_\_\_\_ **SSN or Tax ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Arbitrator

-----  
**Approved for Payment by:**

**Amount:** \_\_\_\_\_

\_\_\_\_\_  
Lawrence K. Baerman, Clerk

**Date:** \_\_\_\_\_